NORTH BROWARD HOSPITAL DISTRICT COMPREHENSIVE FAMILY AIDS PROJECT FT. LAUDERDALE, FLORIDA TI12674

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PROJECT DESCRIPTION

Cluster Group Affiliation—TCE HIV

Congressional Districts Served—Florida 19th, 20th, 22nd, 23rd

Purpose, Goals, and Objectives— The purpose of the Comprehensive Family AIDS Project (CFAP) is to address the substance abuse-related needs of minority women with HIV/AIDS, their children, and other family members, within an environment that is most supportive to the women. The goals of the project include: to develop a culturally sensitive, efficacious model of substance abuse treatment for the low-income, minority women with HIV/AIDS, to develop a program of mental health services for women in the substance abuse treatment program, and to implement substance abuse treatment with adjunctive mental health services through culturally sensitive, female-centered, HIV/AIDS-specific programs.

Target Population/Geographic Service Area—The target population served by CFAP is women residing in Broward County with HIV/AIDS who are currently abusing alcohol and/or other drugs. This population is largely African Americans, Haitians, and Caribbean Islanders. They live below the poverty line, and over half present with dual diagnoses. The project will also serve the affected/infected children and families of the women in treatment. Children to age 13 years will receive services and be regularly assessed using child outcome measures.

Theoretical Model—The proposed model for the CFAP program is a combination of models found in the literature. The model is a family-centered, culturally appropriate, comprehensive system of care. The system will include inpatient detoxification, intensive outpatient treatment services, and extended aftercare, with wraparound support services for the women and their families. The use of a family centered model is derived from literature as well as focus groups with clients of other programs at the CDTC.

Service Providers—CFAP is a collaboration of three agencies within Broward County: CDTC, which provides medical care, access to clinical trials, and case management services; Broward House, Inc., which provides outpatient services and housing for HIV-infected individuals; and Broward Addiction Recovery Centers, which operates a detox center and a perinatal addictions unit.

Services Provided—Services include outpatient substance abuse treatment; medical, dental, and mental health services; individual and group counseling; support services, which include child care, parenting classes, nutrition counseling, health education, case management, and other services; general education development and vocational classes; and HIV education. There is also an aftercare system that will address relapse prevention and maintenance of sobriety.

Number of Persons Served—The CFAP program will serve to expand the current capacity to treat from 30 to 50 additional women annually who are substance abusers. No fewer than 90 women will be treated over the three-year period. It is anticipated that at least half of these women will receive mental health services.

Desired Project Outputs—The Comprehensive Family AIDS Project anticipates decreased rates of alcohol and/or other drug abuse; improved mental health status; increased treatment compliance of dually diagnosed clients; increased employment, income, public assistance status, and education; improved stability of housing and social support; and improved social interaction skills.

EVALUATION

Strategy and Design—The evaluation component for the Comprehensive Family AIDS Project is based on a single-group, quasiexperimental design. The design will consist of both process and outcome evaluation. The evaluator will engage in discussions with the CFAP staff weekly to familiarize the staff with the goals, purpose, and process of the evaluation. It will also allow for feedback from the evaluator as to the progress of the program. The process evaluation will allow the evaluator to assess the appropriateness and effectiveness of the staff, data-gathering procedures, recruitment/retention strategies, and program development strategies. In addition to outcome evaluation for the women in treatment, CFAP will provide evaluation on the children in the program.

Evaluation Goals/Desired Results—Although no evaluation goals for the women in treatment are cited, the desired project outputs for the evaluation are the same as for the overall project. There are no stated evaluation goals for children.

Evaluation Questions and Variables—The evaluation questions for the process evaluation are as follows: How best can we recruit women to participate in the program? What changes need to be made in the treatment model to ensure that it is culturally sensitive? What factors influence participation/attendance in the program? Although no evaluation questions are stated for the outcome evaluation, the following variables are included in the evaluation design: Education and work history, current living situation, drug and/or alcohol abuse, criminal justice system involvement, history of abuse, perceived social support, mental status, and medical condition. Evaluation variables for children are psychosocial, emotional, motor, and cognitive development.

Instruments and Data Management—CFAP uses the GPRA Core Client Outcomes, the Children's Hospital Maternal Family Support Scale, the Household Food Security Scale, the Addiction Severity Index, the Mini-Mental Health Exam, the Brief Symptom Inventory, and the Beck Depression Inventory-II. Data will be collected at baseline, at six-month intervals, and at additional regular but unspecified intervals. The instruments used for children under age three are the Bayley Scales of Infant Development and the Child Behavior Checklist (CBCL). Instruments used for children ages 4 to 13 are the CBCL (parent and teacher forms), the Pupil Rating Scale Revised, the Children's Depression Inventory, the Children's Manifest Anxiety Scale Revised, the Weschler Intelligence Scale for Children, and the Developmental Test of Visual Motor Integration. Measurement points for children 1 to 3.5 years of age are at baseline and at 6-month intervals; for children 4 years and older, assessments are done at yearly intervals. All scoring and data entry will be done by the evaluator. The evaluator will use the instruments sent to them selected by the case manager. This system has been utilized in previous projects with CDTC.

APPROVED FUNDING LEVEL			
01: \$470,377	02:	03:	_
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